APR 2 5 2005

PTO/SB/22 (12-04)

FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			Docket Number (Optional) 02307O-114510US		
Application Number 09/992,845			Filed November 14, 2001		
For PROC	CESS FOR SCALED-UP PRODUCTION OF I		<u>-</u>		
Art Unit 1638			Examiner Russell Kallis		
This is a re	quest under the provisions of 37 CFR 1.136(a	a) to extend the pe	riod for filing a reply in	the above identified	
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  Fee Small Entity Fee					
· [	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$	
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 225	
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$	
	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$	
	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$	
Appl	Applicant claims small entity status. See 37 CFR 1.27.				
	A check in the amount of the fee is enclosed.				
— □ Pavr	Payment by credit card. Form PTO-2038 is attached.				
	The Director has already been authorized to charge fees in this application to a Deposit Account.				
K	The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to				
Dep	osit Account Number <u>20-1430</u> NING: Information on this form may become publicide credit card information and authorization on P	c. Credit card inform	closed a duplicate cop lation should not be inclu		
I am the applicant/inventor.					
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).					
attorney or agent of record. Registration Number <u>51,868</u>					
	attorney or agent under 37 CFR Registration number if acting un	1.34. der 37 CFR 1.34		_	
_	Mith I Will	1	Anril	22, 2005	
<del></del>	Signature	/		Date	
	Beth L. Kelly, Reg. No. 51,868		415-576-0200 Telephone Number		
	Typed or printed name		·		
	ures of all the inventors or assignees of record of the entiris required, see below.	e interest or their repres	entative(s) are required. Su	bmit multiple forms if more than	
Total o	f 1 forms are su	bmitted.			